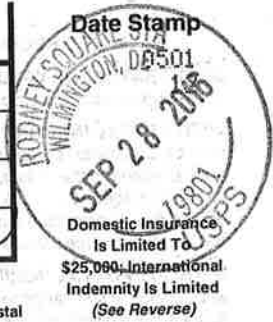


EXHIBIT A

Registered No. RE688467936US

To Be Completed By Post Office	Reg. Fee	\$7.35	Special Delivery	\$
	Handling Charge	\$11.70	Return Receipt	\$
	Postage	\$2.70	Restricted Delivery	\$
	Received by	\$0.00		



To Be Completed By Customer
(Please Print)
All Entries Must Be in Ballpoint or Typed

Customer Must Declare Full Value \$0.00

☐ With Postal Insurance
☒ Without Postal Insurance

FROM
 PETER MONTGOMERY, ESQ.
 Elizabeth Austin Tarlov Mondell
 PO Box 1630 Wilmington DE 19804-1630

TO
 Corp. Service Comp. Registered Agent for
 2711 Centerville Rd Lambolt Street LLC
 Suite 400 Wilmington DE 19808

PS Form 3806,
February 1995

Receipt for Registered Mail (Customer Copy)
(See Information on Reverse)


EXHIBIT B

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>William Lally</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X</p>	
<p>1. Article Addressed to:</p> <p><i>Lamboll Street LLC</i> <i>File No. 5215287</i> <i>Corporation Service Company</i> <i>Registered Agent</i> <i>2711 Centerville Rd, Suite 400</i> <i>Wilmington DE 19808</i></p>  <p>9590 9402 1819 6074 3510 29</p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>		<p><input type="checkbox"/> Priority Mail Express®</p> <p><input checked="" type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>	

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

USPS TRACKING #



9590 9402 1819 6074 3510 29

United States Postal Service

First-Class Mail
Postage & Fees Paid
USPS
Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

Elzefon Austin Tarlov & Mondell, P.A.
300 Delaware Avenue, Suite 1700
P.O. Box 1630
Wilmington, Delaware 19899-1630
Attn: Peter McGivney

